

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03426

3441 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Kent		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chestertown		c. LENGTH OF STAY IN lb 37	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Kent and Queen Anne's		d. STREET ADDRESS Philosophers Terrace.	
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print)	First Beatrice	Middle Bland	Last March 8 1958
4. DATE OF DEATH Month March Day 8 Year 1958			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	B. DATE OF BIRTH May 29, 1886
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME Charles Thrift		14. MOTHER'S MAIDEN NAME Elizabeth Dodson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT Eugene Bland Avenue, Maryland
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 420.1 DUE TO Conditions, if any, which goe rise to immediate cause (a), stating the under- lying cause lost. (b) Coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH 5 hours	
(c) Coronary artery disease		??? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Carcinoma of the bladder	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1b.)	
20c. TIME OF INJURY Hour o. p. m.	Month 19	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)
21. I certify that I attended the deceased from 3-8-58, 1958, to 3-8-58, 1958, that I last saw the deceased alive on 3-8-58, 1958, and that death occurred at 11:09 a.m. from the causes and on the date stated above.		ADDRESS (Street, city or town, state) Chestertown, Md. DATE SIGNED 3-8-58	
ACTUAL SIGNATURE <i>A.C. Dick</i>		M.D.	
PHYSICIAN'S NAME (Type) A.C. Dick			
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial	22b. DATE THEREOF March 11	22c. NAME OF CEMETERY OR CREMATORIAL Church Hill	22d. LOCATION (City, town, or county) (State) Church Hill, Maryland
23. FUNERAL DIRECTOR'S SIGNATURE <i>Edgar S. Lane</i>		ADDRESS Church Hill, Maryland	24a. REC'D BY REGISTRAR DATE MAR 11 '58
			24b. REGISTRAR'S SIGNATURE <i>Asheach</i>

CERTIFICATE OF DEATH

BUREAU Y. E.
RECEIVED
MAR 11 1968

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Item 7 Film G226 3-18-58 et

CERTIFICATE OF DEATH

Reg. Dist. No.

03427

1. PLACE OF DEATH
a. COUNTY

KENT

MARYLAND

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MARYLAND

b. COUNTY

KENT

b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

CHESTERTOWN

c. LENGTH OF STAY IN 1b

1 DAY

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

X GALENA

(RURAL)

d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION

KENT & QUEEN ANNES

d. STREET ADDRESS

e. IS RESIDENCE
ON A FARM?YES NO 3. NAME OF
DECEASED
(Type or print)First
VERB

Middle

Last

4. DATE
OF
DEATHMonth
MarchDay
7
Year
19 58

5. SEX

6. COLOR OR RACE

7. MARRIED NEVER MARRIED

8. DATE OF BIRTH

9. AGE (In years
lost birthday)

10. IF UNDER 1 YEAR

11. IF UNDER 24 HRS.

Male

colored

WIDOWED DIVORCED

July 28, 1895

62

yrs.

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

Laborer

FARM

Maryland

USA

13. FATHER'S NAME

GEORGE

WILSON

14. MOTHER'S MAIDEN NAME

ELLEN

BORDLEY

Address

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no, or unknown)
(If yes, give war or dates of service)

2

16. SOCIAL SECURITY NO.

17. INFORMANT

Hospital records Chestertown, Md.

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY,
IMMEDIATE CAUSE (a)

Tetanus

INTERVAL BETWEEN
ONSET AND DEATH

2 days

916.0

DUE TO

Conditions, if any, which
gave rise to immediate
cause (a), stating the under-
lying cause lost.

(b)

XXXXXX

DUE TO

(c) 3rd Degree Burns on Right Thigh & Leg

2 weeks

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)

19. WAS AUTOPSY
PERFORMED?YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH
(If either, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1b.)

Stove fell over and burned right leg

20c. TIME OF INJURY Month, Day, Year
Hour a. m. p. m.

2Feb 18 1958

20d. INJURY OCCURRED
While Not while
at work at work 20e. PLACE OF INJURY (Home, farm,
factory, street, office bldg., etc.)

20f. (City or town)

Home Galena

(County)

Kent

(State)

Md.

21. I certify that I attended the deceased from Feb 16, 1958, to Feb 7, 1958, that I last saw the deceased
alive on Feb 7, 1958, and that death occurred at 11:30P.M., from the causes and on the date stated above.

ADDRESS (Street, city or town, state)

Chestertown, Md.

DATE SIGNED

3/8/58

ACTUAL
SIGNATURE

R. B. FARR

M.D.

PHYSICIAN'S
NAME (Type)

ROBERT W. FARR

22a. BURIAL, CREMATION,
REMOVAL (Specify)

22b. DATE THEREOF

BURIAL

3/13/58

22c. NAME OF CEMETERY OR CREMATORI

OLIVET HILL CEM.

22d. LOCATION (City, town, or county)

GALENA RURAL

(State)

23. FUNERAL DIRECTOR'S SIGNATURE

24a. REC'D BY REGISTRAR

Edward Fellows

24b. REGISTRAR'S SIGNATURE

W. A. FARR

DEPARTMENT OF HEALTH - MEDICAL EXAMINER
CERTIFICATE OF DEATH

NAME: **WILLIAM J. BURKE**
ADDRESS: **1111 1/2 11th Street, San Francisco, Calif.**
AGE: **44**
SEX: **Male**
MATERIAL: **Body**
TIME OF DEATH: **2:00 A.M. March 14, 1953**
CAUSE OF DEATH: **Asphyxia**
TIME OF AUTOPSY: **10:00 A.M. March 14, 1953**
EXAMINER: **WILLIAM J. BURKE**
ASSISTANT: **None**
WITNESSES: **None**
REMARKS: **None**

BUREAU V. S.
MAR 14 1953
REGISTRY

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3443

CERTIFICATE OF DEATH

Reg. Dist. No. 03428

1. PLACE OF DEATH a. COUNTY Kent			2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Maryland					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chestertown			c. LENGTH OF STAY IN 1b life					
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 400 Calvert St.			e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print) John Wesley Brown			First	Middle	Lost			
4. DATE OF DEATH Mar. 8, 1958	Month	Day	Year					
5. SEX male		6. COLOR OR RACE colored	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH ? ? 1884	9. AGE (In years last birthday) 73 yrs.	10. IF UNDER 1 YEAR Months	11. IF UNDER 24 HRS. Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Laborer			10b. KIND OF BUSINESS OR INDUSTRY Super Market (Food)			11. BIRTHPLACE (State or foreign country) Kent Co. Maryland		
13. FATHER'S NAME John W. Brown			14. MOTHER'S MAIDEN NAME Don't Know			12. CITIZEN OF WHAT COUNTRY? USA		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no			16. SOCIAL SECURITY NO. 220-16-9293			17. INFORMANT Mrs. Lizzie Black		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 334X			Stroke			Address 400 Calvert St. Chestertown, Md.		
Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause first.			(b)			INTERVAL BETWEEN ONSET AND DEATH one month		
DUE TO								
DUE TO								
DUE TO								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)								
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour o. m. p. m.			Month, Day, Year 19	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) Chestertown, Md.	(County)	(State)
21. I certify that I attended the deceased from alive on			3/5, 1958	to	3/8, 1958	that I last saw the deceased 6 A. M., from the causes and on the date stated above.	ADDRESS (Street, city or town, state) Chestertown, Md.	
ACTUAL SIGNATURE Robert W. Farr			DATE SIGNED Mar. 8, 1958					
PHYSICIAN'S NAME (Type)			Chestertown, Md.					
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial Mar. 11 1958			22b. DATE THEREOF Mar. 11 1958			22c. NAME OF CEMETERY OR CREMATORIUM Janes Cemetery	22d. LOCATION (City, town, or county) near Chestertown, Md.	(State)
23. FUNERAL DIRECTOR'S SIGNATURE Kenneth Waller			ADDRESS Chestertown, Md.			24a. REC'D BY REGISTRAR DATE MAR 11 '58	24b. REGISTRAR'S SIGNATURE Audrey	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4
may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

BUREAU V. S.
MAR 11 1958
REGELIVE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3449

CERTIFICATE OF DEATH

Reg. Dist. No.

03429

1. PLACE OF DEATH a. COUNTY KENT		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MD.	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ROCK HALL		b. COUNTY KENT	
c. LENGTH OF STAY IN lb 1		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ROCK HALL	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION OR INSTITUTION		d. STREET ADDRESS 1	
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print)	First SAMUEL	Middle JOSEPH	Last Cox
4. DATE OF DEATH	Month MARCH	Day 1	Year 1958
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JAN. 28-1891
9. AGE (In years lost birthday) 67 yrs.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY FARM	11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME SAMUEL COX	14. MOTHER'S MAIDEN NAME JULIA GEORGE		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 218-24-4560	17. INFORMANT MRS. MARION COX - ROCK HALL MD.	Address ROCK HALL MD.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 162.1 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause lost. (b) Pneumonia DUE TO (c) Pulmonary Edema DUE TO Cardiac Failure			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19	20d. INJURY OCCURRED White at work <input type="checkbox"/> Nat white at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) (County) (State)
21. I certify that I attended the deceased from Feb 10 , 1958, to March 1 , 1958, that I last saw the deceased alive on March 1 , 1958, and that death occurred at 11:30 AM , from the causes and on the date stated above.			
ACTUAL SIGNATURE Robert C. Misch	ADDRESS (Street, city or town, state) Rock Hall DATE SIGNED Mar 7 1958		
PHYSICIAN'S NAME (Type) NORBERT C. MISCH	22a. BURIAL, CREMATION, REMOVAL (Specify) MHR.5		
22b. DATE THEREOF MAR. 5	22c. NAME OF CEMETERY OR CREMATORIAL CHESTER	22d. LOCATION (City, town, or county) CHESTER TOWN	(State) MD.
23. FUNERAL DIRECTOR'S SIGNATURE Edgar L. Lane	ADDRESS Church Hill Md.	24a. REC'D BY REGISTRAR DATE MAR 7 '58	24b. REGISTRAR'S SIGNATURE Robert C. Misch

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4
may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, it should be filed with
page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 or 2 should be filed with
the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

1958

BUREAU V. S.

MAR 7 1958

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3444

CERTIFICATE OF DEATH

Reg. Dist. No.

03430

1. PLACE OF DEATH a. COUNTY Kent		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Maryland	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chestertown		c. LENGTH OF STAY IN 1b life		b. COUNTY Kent	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 200 N. Mill St.		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chestertown		d. STREET ADDRESS 200 N. Mill St.	
3. NAME OF DECEASED (Type or print) James		First	Middle	Lost	4. DATE OF DEATH Mar. 14, 1958
5. SEX male		6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. B. DATE OF BIRTH Mar. 25, 1887	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Deputy Clerk of Court		10b. KIND OF BUSINESS OR INDUSTRY Kent Co. Maryland		9. AGE (In years lost birthday) 70 yrs.	
13. FATHER'S NAME James T. Dixon		14. MOTHER'S MAIDEN NAME Annie Craddock		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) yes		16. SOCIAL SECURITY NO.		17. INFORMANT Mrs. J. Thomas Dixon	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) 527.1		Address 200 N. Mill St. Chestertown		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause first. (b) DUE TO (c)		(Possible Cor Pulmonale)		INTERVAL BETWEEN ONSET AND DEATH 8 - 10 yrs. (Don't know)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Benign Hypertrophy Prostate gland				20. WAS MEDICAL CERTIFICATION PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour o. m. p. m.		Month, Day, Year 19	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) (County) (State)
21. I certify that I attended the deceased from 2/28, 1958, to 3/14, 1958, that I last saw the deceased alive on 3/14, 1958, and that death occurred at 2:30 P.M., from the causes and on the date stated above. ADDRESS (Street, city or town, state) M.D. Chestertown, Md. DATE SIGNED ACTUAL SIGNATURE Robert W. Farr Mar. 15 1958					
22a. BURIAL, CREMATION, REMOVAL (Specify) burial		22b. DATE THEREOF Mar. 16, 1958	22c. NAME OF CEMETERY OR CREMATORIUM Chester CEM.	22d. LOCATION (City, town, or county) Chestertown, Md. (State)	
23. FUNERAL DIRECTOR'S SIGNATURE J. Willis Wells		ADDRESS J. Willis Wells	24a. REC'D BY REGISTRAR DATE MAR 17 '58	24b. REGISTRAR'S SIGNATURE Alfred Smith	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 24 hours after death.

CERTIFICATE OF DEATH

NAME

BUREAU V.

MAR 17 1958

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3445

CERTIFICATE OF DEATH

Reg. Dist. No.

03431

1. PLACE OF DEATH a. COUNTY Kent		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Maryland	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chestertown adult life		c. LENGTH OF STAY IN 1b x Chestertown	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION RFD (Fox Point Farm)		e. STREET ADDRESS Fox Point Farm	
3. NAME OF DECEASED (Type or print) Elizabeth		First (None)	Middle Dowling
4. DATE OF DEATH Mar. 11, 1958	Month Mar.	Day 11	Year 1958
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 20, 1872
9. AGE (In years last birthday) 85 yrs.	10. IF UNDER 1 YEAR Months Days	11. IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME John Efford		14. MOTHER'S MAIDEN NAME Louise Bartel	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no	
17. INFORMANT RFD Vernon Dowling		Address Chestertown, Md.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 420.1 DUE TO Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 3 years	
Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. (b) DUE TO Arteriosclerosis		7 years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 260X Diabetes			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour o. m. p. m.	Month 19	20d. INJURY OCCURRED While at work <input type="checkbox"/> at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)
21. I certify that I attended the deceased from June alive on March 7, 1958, and that death occurred at 9 PM, from the causes and on the date stated above.		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
ACTUAL SIGNATURE <i>A. C. Dick</i>		ADDRESS (Street, city or town, state) 1958 Mar. 12, 1958	
PHYSICIAN'S NAME (Type) A. C. Dick		Chestertown, Md.	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial	22b. DATE THEREOF Mar. 15, 1958	22c. NAME OF CEMETERY OR CREMATORIUM St. Paul Cem	22d. LOCATION (City, town, or county) Chestertown, Md. (State)
23. FUNERAL DIRECTOR'S SIGNATURE <i>J. Willis Wells</i>		ADDRESS Chestertown, Md.	24a. REC'D BY REGISTRAR DATE MAR 14 '58
			24b. REGISTRAR'S SIGNATURE <i>Asst. Health</i>

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page 4
 may be retained by the hospital or attending physician.
 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

BUREAU V. S.

MAR 14 1968

REGELY ED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3450

CERTIFICATE OF DEATH

Reg. Dist. No. 03432

1. PLACE OF DEATH a. COUNTY Kent		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Maryland		b. COUNTY Kent		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Worton		c. LENGTH OF STAY IN 1b Life		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Worton		d. STREET ADDRESS		
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION At Home						e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) John		First H.	Middle Dwyer	Last	4. DATE OF DEATH Mar. 5, 1958	Month Mar.	Day 5	Year 1958
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> Sept. 18, 1884	9. AGE (In years from birthday) 73 yrs.	10. IF UNDER 1 YEAR Months 0	11. IF UNDER 24 HRS. Days 0	12. IF UNDER 24 HRS. Hours 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired Postmaster		10b. KIND OF BUSINESS OR INDUSTRY Postmaster		11. BIRTHPLACE (State or foreign country) Kent Co. Md.		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME John A. Dwyer		14. MOTHER'S MAIDEN NAME Margaret Hines						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. 215-26-5174		17. INFORMANT Mrs. Eunice Dwyer		Address Worton, Md. Wife		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 420.1		Probable Cardiac Arrest		INTERVAL BETWEEN ONSET AND DEATH few minutes				
Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause lost. (b)		DUE TO Coronary Arteriosclerosis		don't know				
DUE TO (c)								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 493 Auricular fibrillation and Pneumonitis						19. WAS AUTOPSY PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>		
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)		
21. I certify that I attended the deceased from alive on March 5, 1958, and that death occurred at 3:00A		March 2, 1958, to March 5, 1958		M, from the causes and on the date stated above.		ADDRESS (Street, city or town, state) Chestertown, Md.		
ACTUAL SIGNATURE Robert W. Farr						DATE SIGNED 3/5/58		
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF Mar. 7, 1958		22c. NAME OF CEMETERY OR CREMATORIAL Chester Cem.		22d. LOCATION (City, town, or county) Chestertown, Md. (State)		
23. FUNERAL DIRECTOR'S SIGNATURE G. Willis Wells		ADDRESS Chestertown, Md.		24a. REC'D BY REGISTRAR MAR 7 '58		24b. REGISTRAR'S SIGNATURE Debra		

CERTIFICATE OF DEATH

BUREAU V. 4

MAR 7 1958

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 03433

1. PLACE OF DEATH o. COUNTY		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)				
Kent		Maryland		o. STATE b. COUNTY				
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		c. LENGTH OF STAY IN 1b		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				
Rock Hall				x Rock Hall				
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>				
3. NAME OF DECEASED (Type or print)		First Mae	Middle S.	Last Hersch	4. DATE OF DEATH Month March Day 30 Year 19 58			
5. SEX	6. COLOR OR RACE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (in years lost birthday) 76 yrs.	10. IF UNDER 1 YEAR Months Days Hours Min.			
Fem.	White		July 10, 1881					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)				
Housewife		Home		Maryland				
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		12. CITIZEN OF WHAT COUNTRY?				
John T. Stevens		Emma Davis		USA				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT Address				
(If yes, give war or dates of service)				Clarence Hersch--Rock Hall, Maryland				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]								
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)								
199.2 <i>Pulmonary Oedema</i> INTERVAL BETWEEN ONSET AND DEATH								
DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. (b) <i>Generalized Carcinomatosis of Liver</i> (c) <i>and intestinal</i> Unknown								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)								
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		
20c. TIME OF INJURY Hour o. m. p. m.		Month, Day, Year 19	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	20d. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) Rock Hall	(County)	(State)
21. I certify that I attended the deceased from <u>Aug 1</u> , 1957, to <u>March 30</u> , 1958, that I last saw the deceased alive on <u>March 29</u> , 1958, and that death occurred at <u>5:15</u> M, from the causes and on the date stated above.				ADDRESS (Street, city or town, state)		DATE SIGNED		
ACTUAL SIGNATURE <i>Nobert C. Nitsch</i>		M.D.		<i>Rock Hall</i>				
PHYSICIAN'S NAME (Type)		<i>NOBERT C. NITSCH</i>		<i>Rock Hall</i>				
22a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		22b. DATE THEREOF <i>April 2</i>		22c. NAME OF CEMETERY OR CREMATORIAL <i>Wesley Chapel</i>		22d. LOCATION (City, town, or county) (State) <i>Rock Hall, Maryland</i>		
23. FUNERAL DIRECTOR'S SIGNATURE <i>Edgar R. Lane</i>		ADDRESS <i>Church Hill, Maryland</i>		24a. REC'D BY REGISTRAR DATE <i>APR 7 '58</i>		24b. REGISTRAR'S SIGNATURE <i>Albert Hersch</i>		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

may be signed by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the offending physician and completely filled in, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

CERTIFICATE OF DEATH

APR 7 1968

FBI
BUREAU V. S.

APR 7 1968

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH--BALTIMORE, 18

3446

CERTIFICATE OF DEATH

Reg. Dist. No.

13434

1. PLACE OF DEATH a. COUNTY Kent		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Maryland		b. COUNTY Kent			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chestertown		c. LENGTH OF STAY IN 1b adult life		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 37 Chestertown					
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Kent & Queen Anne Co. Hosp.		d. STREET ADDRESS 518 Cannon St.		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print) Mabel		First	Middle	Last	4. DATE OF DEATH Mar. 1, 1958	Month	Day	Year 19	
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 15, 1892	9. AGE (In years last birthday) 65 yrs.	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housewife		11. BIRTHPLACE (State or foreign country) Baltimore City Md.		12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME Isaac Hutson Hutson		14. MOTHER'S MAIDEN NAME Elizabeth Bierman							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO.		17. INFORMANT A. J. Leonard Chestertown, Md. Husband		Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 420.1		Coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH 45 minutes					
Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last.		(b) DUE TO Coronary artery disease		5 years					
(c) DUE TO									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Obesity				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)							
20c. TIME OF INJURY Hour a. m. p. m.	Month 19	Day	Year	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town)	(County)	(State)	
21. I certify that I attended the deceased from alive on 3-1-58, 19		4-9-54, 19		to 3-1, 1958, 1:19a		that I last saw the deceased M, from the causes and on the date stated above. ADDRESS (Street, city or town, state)			
ACTUAL SIGNATURE A. C. Dick		Physician's NAME (Type) A. C. Dick		Chestertown		DATE SIGNED Mar. 1, 1958			
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial	22b. DATE THEREOF Mar. 3, 1958	22c. NAME OF CEMETERY OR CREMATORIUM Chester Cem.		22d. LOCATION (City, town, or county) Chestertown, Md. (State)					
23. FUNERAL DIRECTOR'S SIGNATURE J. Willis Wells		ADDRESS Chestertown, Md.		24a. REC'D BY REGISTRAR MAR 4 '58 DATE	24b. REGISTRAR'S SIGNATURE A. L. Leach				

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be signed by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper. Pages 1 & 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 24 hours after death.

CERTIFICATE OF DEATH

MAR 27 1938

BUREAU Y.
RECEIVED
MAR 4 1938

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page 4
 may be signed by the hospital or attending physician.
 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled out, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 & 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
 Item 7 31mc227 3-31-58 et
CERTIFICATE OF DEATH

Reg. Dist. No. **03435**

1. PLACE OF DEATH a. COUNTY Kent		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE MARYLAND	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rock Hall		c. LENGTH OF STAY IN 1b adult life	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Allen's Lane		e. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rock Hall	
3. NAME OF DECEASED (Type or print) Arthur Roy		First Arthur	Middle Roy
4. DATE OF DEATH Mar. 22, 1958		Month Mar.	Day 22
5. SEX Male		6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>
8. B. DATE OF BIRTH Nov. 17, 1887		9. AGE (In years last birthday) 70 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Insurance Salesman (Life)		10b. KIND OF BUSINESS OR INDUSTRY Salesman (Life)	
11. BIRTHPLACE (State or foreign country) New Jersey		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Wm. M. Prettyman		14. MOTHER'S MAIDEN NAME Alice Va. Dodson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 184-07-7312	
17. INFORMANT		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Probable Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH few minutes	
420.1 DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last. (b) DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 p. m.		20d. INJURY OCCURRED White of work <input type="checkbox"/> Not white of work <input type="checkbox"/>	
20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from Mar. 22, 1958 , to Mar. 22, 1958 , that I last saw the deceased alive on Mar. 22, 1958 , and that death occurred at 11:30 M, from the causes and on the date stated above. ACTUAL SIGNATURE <i>Robert W. Farr</i>		ADDRESS (Street, city or town, state) Chestertown, Md. DATE SIGNED 3/24/58	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF Mar. 25, 1958	
22c. NAME OF CEMETERY OR CREMATORIUM Chestertown Cem.		22d. LOCATION (City, town, or county) Chestertown, Md. (State)	
23. FUNERAL DIRECTOR'S SIGNATURE <i>J. Willis Wells</i>		24a. REC'D BY REGISTRAR DATE MAR 26 '58	
ADDRESS Chestertown, Md.		24b. REGISTRAR'S SIGNATURE <i>W. Gedrich</i>	

DEPARTMENT OF HEALTH - AGING & REHABILITATION
CERTIFICATE OF DEATH

BUREAU V. S.

MAR 26 1958

RECEIVED

FOR STATE
HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File Pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03436

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY Kent		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland		b. COUNTY Kent	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chestertown (Rural)		c. LENGTH OF STAY IN 1b		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 37 Chestertown		d. STREET ADDRESS Philosophers Terrace	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) R.D. #3				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print)	First Stewart	Middle M	Last Price	4. DATE OF DEATH Month March	Day 20	Year 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 10, 1895	9. AGE (in years from birthday) 63 yrs.	10. IF UNDER 1 YEAR Months	11. IF UNDER 24 HRS. Days	12. IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) US Mail Carrier		10b. KIND OF BUSINESS OR INDUSTRY U S Postoffice		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Louis S. Price		14. MOTHER'S MAIDEN NAME Ida Moore					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT Marian C. Price, Chestertown, Md.		Address	
no		---					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 420.1 DUE TO Coronary Thrombosis INTERVAL BETWEEN ONSET AND DEATH 15 minutes							
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) Coronary Insufficiency Several years							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Deceased had been delivering mail on his rural route. He got stuck in the snow and walked to the house of Edgar Gwynn, nearby, and fell dead on the doorstep. Previously he had been treated for coronary thrombosis. Death occurred at							
20c. TIME OF INJURY Month, Day, Year Hour a. m. While at work p. m. While at work about 10:15 AM.							
factory, street, office bldg., etc.)							
21. I certify that I took charge of the remains described above, held on Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input type="checkbox"/> and in my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/>							
ACTUAL SIGNATURE <i>Robert W. Farr</i>	M.D. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>				DATE SIGNED 3/20/58		
EXAMINER'S NAME (Type) ROBERT W. FARR M.D.							
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial	22b. DATE THEREOF Mar. 23/58	22c. NAME OF CEMETERY OR CREMATORIUM Chester Cemetery	22d. LOCATION (City, town, or county) (State) Chestertown Maryland				
23. FUNERAL DIRECTOR'S SIGNATURE Marvin V. Williams, Chestertown, Md.	ADDRESS	24a. REC'D BY REGISTRAR DATE MAR 24 '58		24b. REGISTRAR'S SIGNATURE <i>Asst. Sheriff</i>			

WEEKLY EXAMINER-EXCHANGER OF THE
WISCONSIN STATE GOVERNMENT & BUSINESS

BUREAU V. S.

MAR 24 1958

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Item 8, Film G227, 4/11/58

CERTIFICATE OF DEATH

Reg. Dist. No. 03437

<p>TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.</p> <p>TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, it should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.</p>											
<p>Item 8, Film G227, 4/11/58</p>											
<p>CERTIFICATE OF DEATH</p>											
<p>1. PLACE OF DEATH <i>Kent 3447 Queen Ann Hospital</i> a. COUNTY <i>Kent Co.</i> b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Chestertown R. F. D. I.</i> c. LENGTH OF STAY IN 1b <i>life</i></p>				<p>2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <i>Maryland</i> b. COUNTY <i>Kent Co.</i> c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) <i>Chestertown R. F. D. I.</i> d. STREET ADDRESS <i></i></p>							
<p>3. NAME OF DECEASED (Type or print) <i>Linwood Andrew Sutton</i> First <i></i> Middle <i></i> Last <i></i></p>											
<p>4. DATE OF DEATH <i>March 29 1958</i></p>											
<p>5. SEX <i>Male</i></p>		<p>6. COLOR OR RACE <i>White</i></p>		<p>7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/></p>		<p>8. DATE OF BIRTH <i>1-16-1874</i></p>		<p>9. AGE (In years lost birthday) <i>81 yrs.</i></p>		<p>10. IF UNDER 1 YEAR <input type="checkbox"/> IF UNDER 24 HRS. <input type="checkbox"/></p>	
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i></p>		<p>10b. KIND OF BUSINESS OR INDUSTRY <i>owner</i></p>		<p>11. BIRTHPLACE (State or foreign country) <i>Maryland</i></p>		<p>12. CITIZEN OF WHAT COUNTRY? <i>U. S.</i></p>					
<p>13. FATHER'S NAME <i>Joseph A. Sutton</i> 14. MOTHER'S MAIDEN NAME <i>Martha E. Cosden</i></p>											
<p>15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>No</i> 16. SOCIAL SECURITY NO. <i>218-20-2915</i> 17. INFORMANT <i>Hospital Records</i> Address</p>											
<p>18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]</p> <p>PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) <i>331X</i> DUE TO <i>Cerebral hemorrhage</i> INTERVAL BETWEEN ONSET AND DEATH <i>45 hours</i></p> <p>Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) <i>Hypertension</i> DUE TO <i>Arteriosclerosis</i> 10 years</p> <p>(c) <i></i> 10 years</p> <p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o)</p>											
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>											
<p>20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)</p>				<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)</p>							
<p>20c. TIME OF INJURY Month, Day, Year Hour o. p. 19 p. m.</p>		<p>20d. INJURY OCCURRED White <input type="checkbox"/> Not white <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/></p>		<p>20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)</p>		<p>20f. (City or town) <i>Chestertown</i></p>		<p>(County) <i>Md.</i></p>		<p>(State) <i>Md.</i></p>	
<p>21. I certify that I attended the deceased from <i>7-21</i>, 19<i>53</i>, to <i>3-29</i>, 19<i>58</i>, that I last saw the deceased alive on <i>3-29</i>, 19<i>58</i>, and that death occurred at <i>10:00 P.M.</i> from the causes and on the date stated above.</p>											
<p>ADDRESS (Street, city or town, state) <i>Chestertown, Md.</i> DATE SIGNED <i>3-29-58</i></p>											
<p>ACTUAL SIGNATURE <i>A. C. Bick</i></p>											
<p>PHYSICIAN'S NAME (Type) <i>A. C. Bick</i></p>											
<p>22a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i></p>		<p>22b. DATE THEREOF <i>4/1/58</i></p>		<p>22c. NAME OF CEMETERY OR CREMATORIAL <i>Chester Cem.</i></p>		<p>22d. LOCATION (City, town, or county) <i>Chestertown, Md.</i></p>					
<p>23. FUNERAL DIRECTOR'S SIGNATURE <i>J. Willis Wells</i> ADDRESS <i>Chestertown, Md.</i></p>											
<p>24a. REC'D BY REGISTRAR <i>DATE 4/1/58</i></p>						<p>24b. REGISTRAR'S SIGNATURE <i>Dee. 1958</i></p>					

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3448

CERTIFICATE OF DEATH

Reg. Dist. No.

03438

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death: Page 4
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, it may be retained by the hospital or attending physician.
 Page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. PLACE OF DEATH a. COUNTY Kent		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland		b. COUNTY Queen Anne		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chestertown		c. LENGTH OF STAY IN 1b 3 days		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Church Hill		17X-2		
d. NAME OF HOSPITAL (If not in hospital, give street address) Or INSTITUTION Kent and Queen Anne's Hospital				d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) William Henry Thompson		First	Middle	Last	4. DATE OF DEATH March	Month	Day	Year
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH August 24, 1889		9. AGE (In years last birthday) 68 yrs.	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter		10b. KIND OF BUSINESS OR INDUSTRY Painting		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME William Henry Thompson				14. MOTHER'S MAIDEN NAME Emma Jewell				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. 220-32-0707		17. INFORMANT Edith Thompson, Church Hill, Md.		Address		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 430.1		Coronary thrombosis				INTERVAL BETWEEN ONSET AND DEATH 3 days		
Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last.		DUE TO (b) Coronary artery disease				2 years ?		
DUE TO (c)								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>		
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) Church Hill		(County) (State)
19								
21. I certify that I attended the deceased from 3-2, 1958, to 3-5, 1958, alive on 3-5-1958, and that death occurred at 10 P.M., from the causes and on the date stated above.								
ACTUAL SIGNATURE <i>A.C. Dick</i>		M.D.		ADDRESS (Street, city or town, state) Chestertown, Md.		DATE SIGNED 3-5-58		
PHYSICIAN'S NAME (Type) A.C. Dick								
22a. BURIAL, CREMATION, REMOVAL (Specify) March 9		22b. DATE THEREOF March 9		22c. NAME OF CEMETERY OR CREMATORIAL Church Hill		22d. LOCATION (City, town, or county) Church Hill, Maryland		(State)
23. FUNERAL DIRECTOR'S SIGNATURE <i>Edgar J. Diana</i>		ADDRESS Church Hill, Md.		24a. REC'D BY REGISTRAR DATE MAR 11 '58		24b. REGISTRAR'S SIGNATURE <i>John E. Lewis</i>		

RECEIVED
MARCH 11 1958
BUREAU V. S.